Item 4	personal prop		obbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible islator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official. Name of Legislator, Public or Executive Official Receiving or Benefiting		
	Date	Amount			
N/A		W/A		LEGISLATIVE SUB	ECT IDENTIFICATION
5		Resolution or other legisl			
Subject (from	t Code Bill, R table) Legislat			Code Subject O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)
Item		y rule, ratemaking decisio		CERTIFICATION: I hereby certify the correct statement in accordance with S	J-24-08
6	contract bid	l or bid process. financial		2000yist bignatule	Date
bond lobbyist was supporting or opposing. N/A			sing.	Employer No. 1 signature Employer No. 2 signature	Date
				Employer No. 3 signature	Date
				Emmlares No. 4 sissesses	D